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PTO/SB-91 (10-03)
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INDICATION FORM

Application Number 097505, 201
Filing Date 2/16/2000
First Named Inventor Young
Title Bi-Directional Switched RF
Art Unit 2681
Examiner Name PAN
Attorney Docket Number H3H/NDT

I hereby appoint:

☐ Practitioner(s) associated with the Customer Number:

OR

☒ Practitioner(s) named below

Name	Registration Number
Herman Hohausner	29,465

to my/our attorney(s), or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ Firm or Individual Name Herman Hohausner

Address 6212 Berlee Drive

Address

City Alexandria State VA Zip 22312

Country USA

Telephone 703-354-6883 Fax 703-642-7210

I am the

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Name Michael F. Young

Signature [Signature]

Date 24 FEB 04

Telephone 703-205-0600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/505,201
	Filing Date	2/16/2000
	First Named Inventor	Yung
	Art Unit	2- Directional Switched RF
	Examiner Name	PAN
Total Number of Pages in This Submission	Attorney Docket Number	HJH/YDI

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm or Individual name	
Signature	
Date	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	HERMAN HOHAUSER
Signature	Date 4/19/04

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INDICATION FORM**

Application Number: 09/505,201
Filing Date: 2/16/2000
First Named Inventor: Young
Title: Bi-Directional Switched RF
Art Unit: 2681
Examiner Name: PAN
Attorney Docket Number: HSH/YDI

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Name	Registration Number
Herman Hohausner	29,4165

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☐ The address associated with Customer Number:
OR

☒ Firm or individual Name: Herman Hohausner
Address: 6212 Berke Drive
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Telephone: 703-354-6883 Fax: 703-642-7210

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Name: Michael F. Young
Signature: [Signature]
Date: 24 FEB 04 Telephone: 703-205-0600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required. See below.

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